

Title 178  
Chapter 10

FOR DEPARTMENT USE ONLY			
_____A_____	_____B_____	_____C_____	_____D_____
_____E_____	_____F_____	_____G_____	_____H_____

**STATE OF NEBRASKA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
REGULATION AND LICENSURE  
WATER WELL STANDARDS & CONTRACTORS' LICENSING BOARD  
P.O. BOX 95007  
LINCOLN, NE 68509-5007  
(402) 471-0546  
APPLICATION FOR LICENSURE/CERTIFICATION**

(Please type or print legibly)

**SECTION A - LICENSURE AND/OR CERTIFICATION APPLICATION CATEGORY**

(All applicants must complete this section.)

Check one or combination in appropriate column(s).

**Contractor License**

\_\_\_\_\_ Water Well PLU 2820  
\_\_\_\_\_ Pump Installation PLU 2820

**Certificate of Competence**

\_\_\_\_\_ Water Well PLU 2821  
\_\_\_\_\_ Pump Installation PLU 2821  
\_\_\_\_\_ Water Well Monitoring PLU 2821  
\_\_\_\_\_ Natural Resources Ground Water Technician PLU 2821

**SECTION B**

(All applicants must complete this section.)

**PART 1 - PERSONAL INFORMATION**

1. Name: \_\_\_\_\_  
(Last) (First) (Middle/Maiden)
2. Residence Address: \_\_\_\_\_  
(Street, P.O. Box, Route, Etc.)  
\_\_\_\_\_  
(City) (State) (Zip Code)
3. Residence Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_
4. Social Security Number: \_\_\_\_\_  
(Disclosure of your social security number is mandated by the Nebraska Child Support Law. Its usage by the Department, in regard to this application, is to allow the Department to distinguish between persons who have the same or similar names.)
5. If applying for renewal, attach affidavit of compliance with continuing education requirements or application for exemption from continuing education requirements.

## PART 2 - BUSINESS INFORMATION

Identify the business with which you will be engaged in construction of water wells and/or installation of pumps and pumping equipment.

1. Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_

(List all addresses and phone numbers of each business location.)

2. Nature of business (check one)  
☐ Sole Proprietorship  
☐ Partnership  
☐ Corporation  
☐ Other Specify \_\_\_\_\_
- a. If the business is a sole proprietorship, are you the owner-operator? \_\_\_\_Yes \_\_\_\_No
- b. If business is a partnership, identify all partners and give the business address and telephone number of each partner (add pages as necessary).
- c. If the business is a corporation, list officers and directors of that corporation and give the address and telephone number for each office of that corporation within the state.

### **SECTION C**

(Applicants for licensure as a water well and/or pump installation contractor must complete this section. Attach additional pages as necessary.)

#### **PART 1. INSURANCE**

1. Amount of Public Liability and Property Damage Insurance Carried: \_\_\_\_\_
2. Name(s) of Insurance Company(ies): \_\_\_\_\_
3. Attach proof of current insurance from your insurance carriers \_\_\_\_\_

#### **PART 2 - APPLICANT INFORMATION**

1. Attach proof that you have reached the age of majority (e.g., certified copy of birth certificate, marriage certificate, drivers license, etc).
2. Moral Character
  - a. Have you ever been convicted of any crime? \_\_\_\_\_Yes \_\_\_\_\_No  
If yes, state what crime, date of conviction, name of court and location of court (city, county, state). \_\_\_\_\_
  - b. Are you licensed or certified in any other state? \_\_\_\_\_Yes \_\_\_\_\_No  
Has action been taken to suspend or revoke your license or certificate? \_\_\_\_\_Yes \_\_\_\_\_No  
If yes, state what action, date of action, name and address of the entity taking action. \_\_\_\_\_
  - c. Attach completed affidavits of moral character from two persons engaged in the occupation for which you seek licensure. \_\_\_\_\_

### **SECTION D - REINSTATEMENT AFTER DISCIPLINE**

(Applicants seeking reinstatement after discipline must complete this Section.)

1. Was your license or certificate: Refused Renewal \_\_\_\_\_Suspended \_\_\_\_\_Revoked \_\_\_\_\_
2. Provide the following information (check appropriate spaces)  
\_\_\_\_\_ Previous License Number(s) \_\_\_\_\_  
\_\_\_\_\_ Previous Certificate Number(s) \_\_\_\_\_  
\_\_\_\_\_ Water Well \_\_\_\_\_  
\_\_\_\_\_ Pump Installation \_\_\_\_\_  
\_\_\_\_\_ Water Well Monitoring \_\_\_\_\_  
  
Date of disciplinary action (final order) \_\_\_\_\_

3. Provide the following:
- Narrative statement of all reasons upon which you base your claim that good cause exists for reinstatement of your license(s) and/or certificate(s) of competence. (Attach pages as necessary.)
  - Proof of restitution to all persons suffering damage or injury as a result of the actions for which the disciplinary measure was imposed.
  - For each category of license and/or certificate for which you seek reinstatement, two (2) notarized recommendations from persons in the State of Nebraska who hold such licenses and/or certificates.
  - For each category of license and/or certificate in which you are requesting reinstatement, at least two (2) notarized recommendations of persons having personal knowledge of the activities pertinent to your application in which you have engaged since the disciplinary measure was imposed.
  - Other evidence supporting the reasons given that there is good cause for reinstatement.

### **SECTION E - RELICENSING/RECERTIFICATION AFTER EXPIRATION**

(Applicants seeking relicensing/recertification after expiration must complete this section.)

1. Provide the following information: (check appropriate spaces)
- \_\_\_\_\_ Previous License Number(s) \_\_\_\_\_
- \_\_\_\_\_ Previous Certificate Number(s) \_\_\_\_\_
- \_\_\_\_\_ Water Well and/or \_\_\_\_\_ Pump Installation
- \_\_\_\_\_ Water Well Monitoring
2. All applications for reinstatement following expiration of a license and/or certificate of competence will be deemed incomplete and no action taken by the Department until the applicant has taken all examination(s) prescribed by the Board for the category of license and/or certificate for which reinstatement is requested and the examination results have been received by the Department.

### **SECTION F - EXAMINATION**

(All applicants must complete. Water Well Monitoring Technician applicants must complete only Sections I and II. Water Well Drilling and Pump Installation Contractor/Supervisor applicants must complete only Sections I and III. Natural Resources Ground Water Technician applicants must complete only Section IV.)

1. I hereby make application for examination including:
- \_\_\_\_\_ Section I of the examination, the Nebraska section.
  - \_\_\_\_\_ Section II of the examination, the Water Well Monitoring.
  - \_\_\_\_\_ Section III of the examination, specialized categories.
  - \_\_\_\_\_ Section IV of the examination, Natural Resources Ground Water Technician.

(Check the Section III specialized category that corresponds to the license or certificate you desire.)

\_\_\_\_\_ General Drilling

\_\_\_\_\_ Pump Installation

NOTE TO APPLICANTS: Applications for licensure and certification are deemed incomplete and no action shall be taken by the Department until the applicant has taken the examination for the applicable categories of licensure or certification of competence and the results have been received by the Department, except for applicants qualifying for a temporary license without examination because of hardship.

2. I hereby make application for a hardship exemption for licensure or certification without examination for the following reason(s). (List all reasons for request.)
3. I hereby make application for special arrangements for administering the required examination for the following reason(s). (List all reasons for request and special arrangements sought.)

**SECTION G - FEES**

(All applications must be accompanied by appropriate application, license and/or certificate fees.)

**SECTION H - NOTARIZATION**

(The application must be notarized.)

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, being first duly sworn say that I am the person referred to in this application, that I have completed the above application, and that the information I have provided is true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature of Applicant)

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**AFFIDAVIT OF MORAL CHARACTER**

State of \_\_\_\_\_

County of \_\_\_\_\_

To the Department of Health and Human Services, State of Nebraska:

I hereby certify that I am a water well contractor/pump installer in good standing in the State of \_\_\_\_\_.

I further certify that I have been personally acquainted with \_\_\_\_\_ for \_\_\_\_\_  
(Name of Applicant) (Months/Years)

and that to the best of my knowledge and belief he/she is of good moral character. I hereby recommend this person as being in all respects worthy to be licensed as a:

\_\_\_\_\_ Water Well Contractor      \_\_\_\_\_ Pump Installation Contractor.

\_\_\_\_\_  
(Please Print Name of Affiant)

\_\_\_\_\_  
(Signature of Affiant)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Public

**AFFIDAVIT OF MORAL CHARACTER**

State of \_\_\_\_\_

County of \_\_\_\_\_

To the Department of Health and Human Services, State of Nebraska:

I hereby certify that I am a water well contractor/pump installer in good standing in the State of \_\_\_\_\_.

I further certify that I have been personally acquainted with \_\_\_\_\_ for \_\_\_\_\_  
(Name of Applicant) (Months/Years)

and that to the best of my knowledge and belief he/she is of good moral character. I hereby recommend this person as being in all respects worthy to be licensed as a:

\_\_\_\_\_ Water Well Contractor      \_\_\_\_\_ Pump Installation Contractor.

\_\_\_\_\_  
(Please Print Name of Affiant)

\_\_\_\_\_  
(Signature of Affiant)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Public